



LIFESAVING CAMPAIGN

Suicide Prevention



OBJECTIVES

Task:

Respond appropriately to a suicidal person.

Conditions:

Squad member, roommate, co-worker, or family member indicates they are thinking about hurting themselves.

Standards:

Identify suicidal danger signals.
Take appropriate action.
Make appropriate referrals.



CURRENT TERMINOLOGY



- **IDEATION** – Serious suicidal thoughts, comments, or threats.
- **ATTEMPT** – Attempts or actions to commit suicide.



Nature of Suicide

- Suicide is the conscious act of self-induced annihilation.
- Suicide is not a random or pointless act.
- Suicide is regarded as the best way out of an intensely painful crisis.



SUICIDE STATISTICS

- Approximately 30,000 *completed suicides* per year.
- Estimated 300,000 *attempted suicides* per year.
- 10th leading cause of death nationally.
- 3rd leading cause of death among 14-25 year olds.



SUICIDE STATISTICS



- 20th Century High Rate
 - In 1931: 16.8 per 100,000
 - In 1932: 17.4 per 100,000
- 20th Century Low Rate
 - In 1957: 9.8 per 100,000



Variety of SUICIDE STATISTICS



- Third leading cause of death among active duty soldiers.
- Recent rate of Army.....12.38 per 100K
- 1992 U.S. rate for males 15-25.....13 per 100K
- 1992 U.S. rate for all.....12.1 per 100K
- Men commit suicide 3 times more often than women, though women attempt suicide more.
- More than 31,000 U.S. Suicides in 1992.



SUICIDE STATISTICS



- The Problem with Statistics
 - Statistics indicate what but not why.
 - Comparisons can be difficult.
 - Reporting difficulties.
 - Variations in data.



Suicide Attempt

- A deliberate act of self-harm that is not fatal, but in which death was the goal.



Suicide Gesture

- A deliberate act of self-harm that is not fatal and in which death was not the intended goal.



Suicidal Ideation

- Thoughts of self-annihilation.
- Active Suicide Ideation: Thoughts of actively taking one's life.
- Passive Suicide Ideation: Thoughts of passively dying.



Risk Factors

- Gender
- Age
- Race
- Religion
- Calendar
- Occupational Specialties
- Social
- Physical Health
- Mental Health
- Prior Suicidal Behavior



Risk Factors (Continued)

- Gender
 - Men commit suicide 3 times as often as women do.
 - Violent Means
 - Women are 4 times as likely to attempt suicide.
 - Less Violent Means



Risk Factors (Continued)

- Age
 - Completed suicide rates increase with age.
 - The elderly account for 25% of completed suicides.
 - Rates are climbing in young males (15-34 yrs)



Risk Factors (Continued)

- Race
 - Whites are twice as likely as non-whites.
 - Ghetto youth and American Indians have higher rate.
 - Immigrants have higher rate than natural born population.

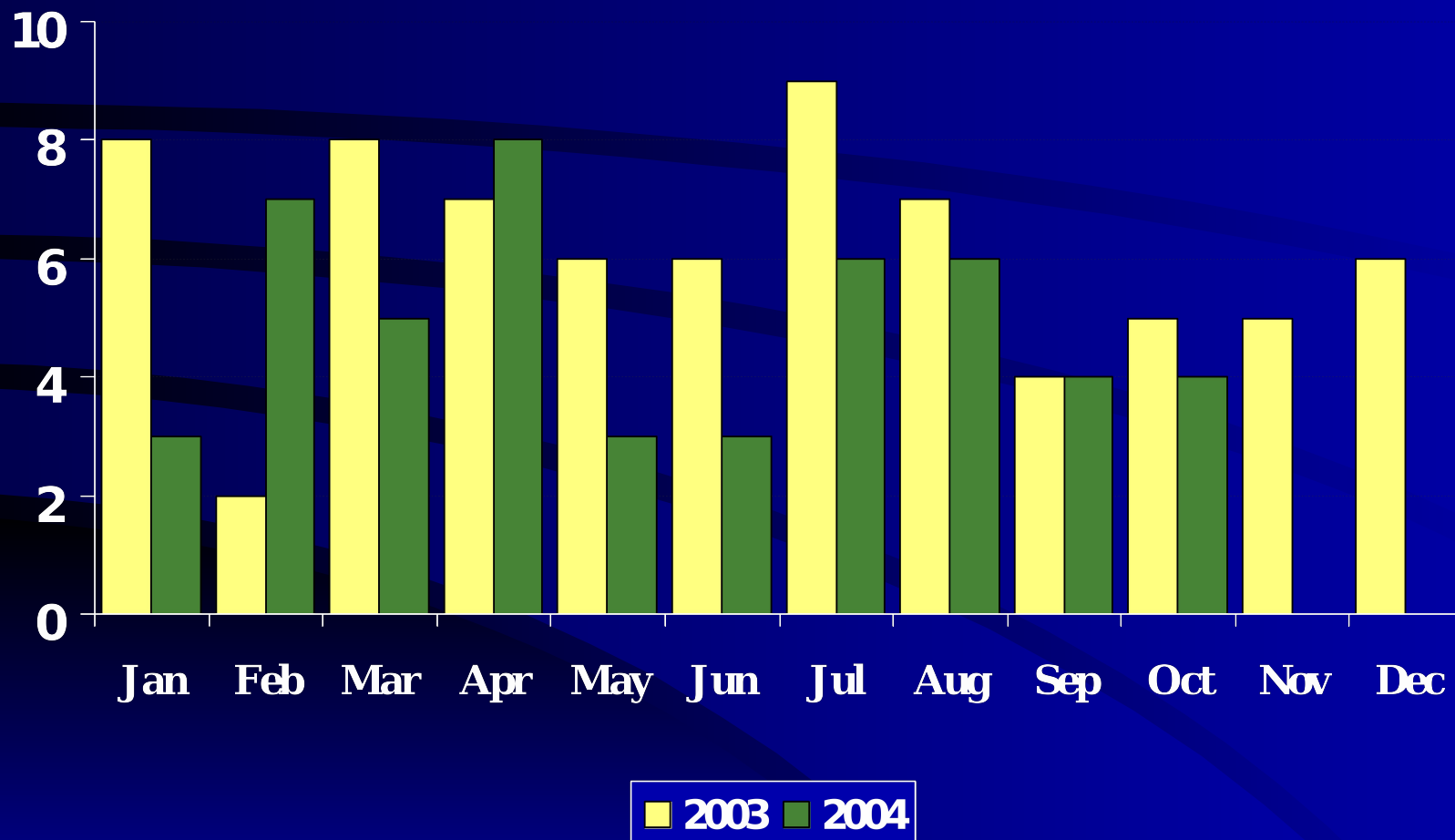


Risk Factors (Continued)

- Religion
 - Catholics have a lower rate than Protestants and Jews.
- Calendar
 - No seasonal correlations exist.
 - Suicide rates do not increase during December or holiday periods.



Monthly Confirmed Suicides (Includes USAR & ARNG)





Risk Factors (Continued)

- Occupation
 - The higher a person's social status is, the greater is the suicide risk.
 - Special at-risk groups include:
 - Musicians, Police Officers, Lawyers, Physicians and Insurance Agents
 - Certain Military Occupational Specialties are higher risk
 - Employment decreases risk for suicide.



What We Know

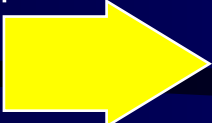
*Some Armed Service Components
and*

*Some Military Occupational Specialties
are higher risk*



ACTIVE DUTY STATISTICS 1980-1992



<u>BRANCH</u>	<u>TOTALS</u>	<u>RATE</u> per 100,000
 USMC	345	13.65
USA	1205	12.38
USAF	828	11.31
USN	800	11.01

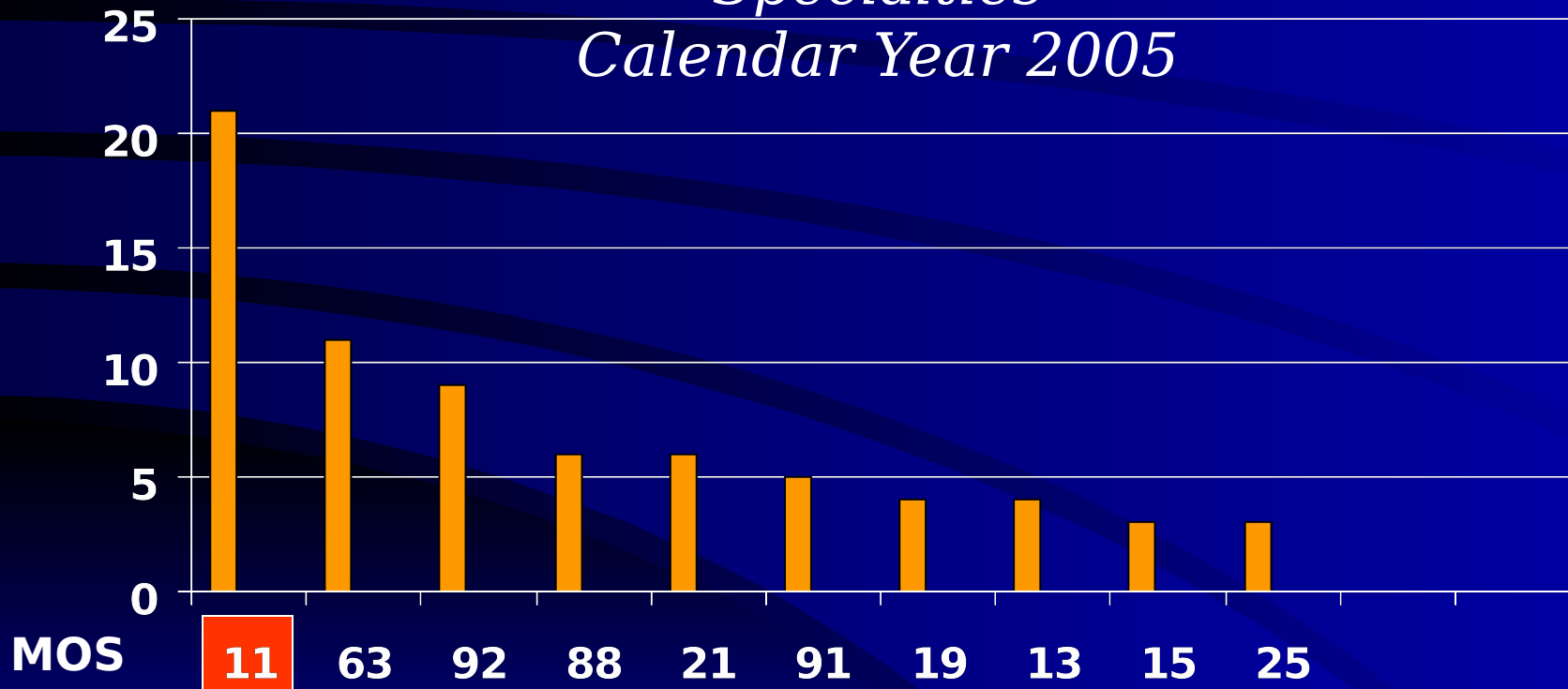


ARMY ACTIVE DUTY SUICIDES



*High Frequency Military Occupational
Specialties*

Calendar Year 2005





Risk Factors (Continued)

- Social

- Relative rates:

- Divorced > Widowed > Never Married > Married
 - Divorced Men > > Divorced Women

- Increased risk for members in families with suicide histories.

- Anniversary suicides



Risk Factors (Continued)

- Physical Health
 - Prior medical attention sought
 - Diseases at high risk for suicide:
 - Cancer, Epilepsy, Multiple Sclerosis, Head Injury, Dementia, and AIDs
 - Elevated risk in the following:
 - Decreased mobility
 - Disfigurement
 - Chronic Intractable Pain



Risk Factors (Continued)

- Mental Health
 - Persons who act out through suicidal gestures or attempts are not necessarily mentally ill.
 - A history of violent or impulsive behavior seen in 25%.
 - Relative Risks:
 - Psychiatric Patients > Non-Psychiatric Patients
 - Inpatients > Outpatients



Risk Factors (Continued)



Mental Health - Depression

- Accounts for approximately 80% of completed suicides.
- Risk for suicide is approximately 15%
- Elevated risk for suicide in the following:
 - Males > Females
 - Single, separated, divorced or widowed
 - Middle Age or Elderly
 - Delusional Depressions are at greatest risk.



Risk Factors (Continued)



Mental Health - Alcohol and Substances

- Accounts for approximately 15% of suicides.
- Elevated risk for suicide in the following:
 - 80% are male
 - White, middle-aged, friendless, isolated.
 - Previous suicide attempt (40% have history)
 - 2/3 have concurrent depression
 - 50% have experienced a recent loss



Risk Factors (Continued)



- Previous Suicidal Behavior
 - Past attempts are the best indicator of present risk.

Problem >>> RE: Preaching Schedule May - July 2006

- Approximately 40% had prior attempts.
- Risk is highest within three months after the latest attempt.
- Depression is highly correlated.



What We Know

Myths About Suicide Exist

*These Myths are Deadly if they cause Us to not
Respond to Suicide Clues*



DEADLY MYTHS



- **Nothing could have stopped him.**
- **The person who fails at suicide will eventually succeed.**
- **Discussing the issue of suicide may give the person ideas.**
- **Once a person fails at suicide, he will not try again.**
- **When depression lifts, the suicide crisis is over.**
- **People who talk about suicide never do it.**
- **Suicides often occur out of the blue.**
- **People who kill themselves are insane.**



DISTRESS SIGNALS



- **Poor appetite/increased appetite**
- **Changes in sleep habits**
- **Loss of interest in activities**
- **Loss of energy**
- **Decreased concentration**
- **Feelings of worthlessness**
- **Withdrawal**
- **Drastic mood swings**
- **Sudden changes in behavior**





IMMEDIATE DANGER SIGNALS



- **Talking or hinting about suicide**
- **Giving away possessions**
- **Obsession with death**
- **Making plans for suicide**
- **Access to lethal means**
- **Buying a gun**

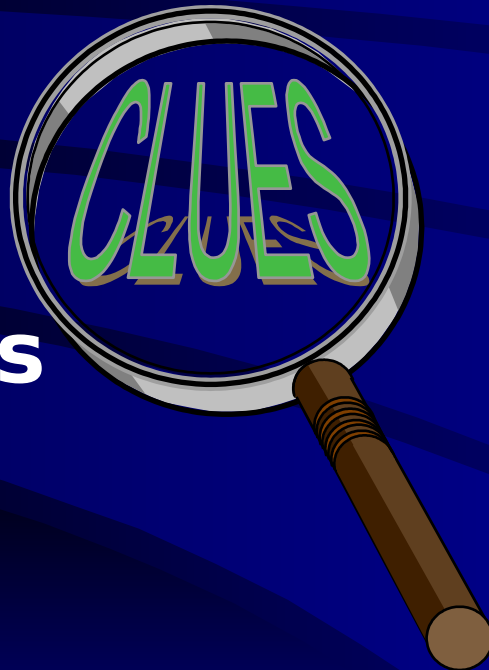


BE ALERT FOR CLUES



- Nearly 80% of those who attempt suicide

give some
intentions

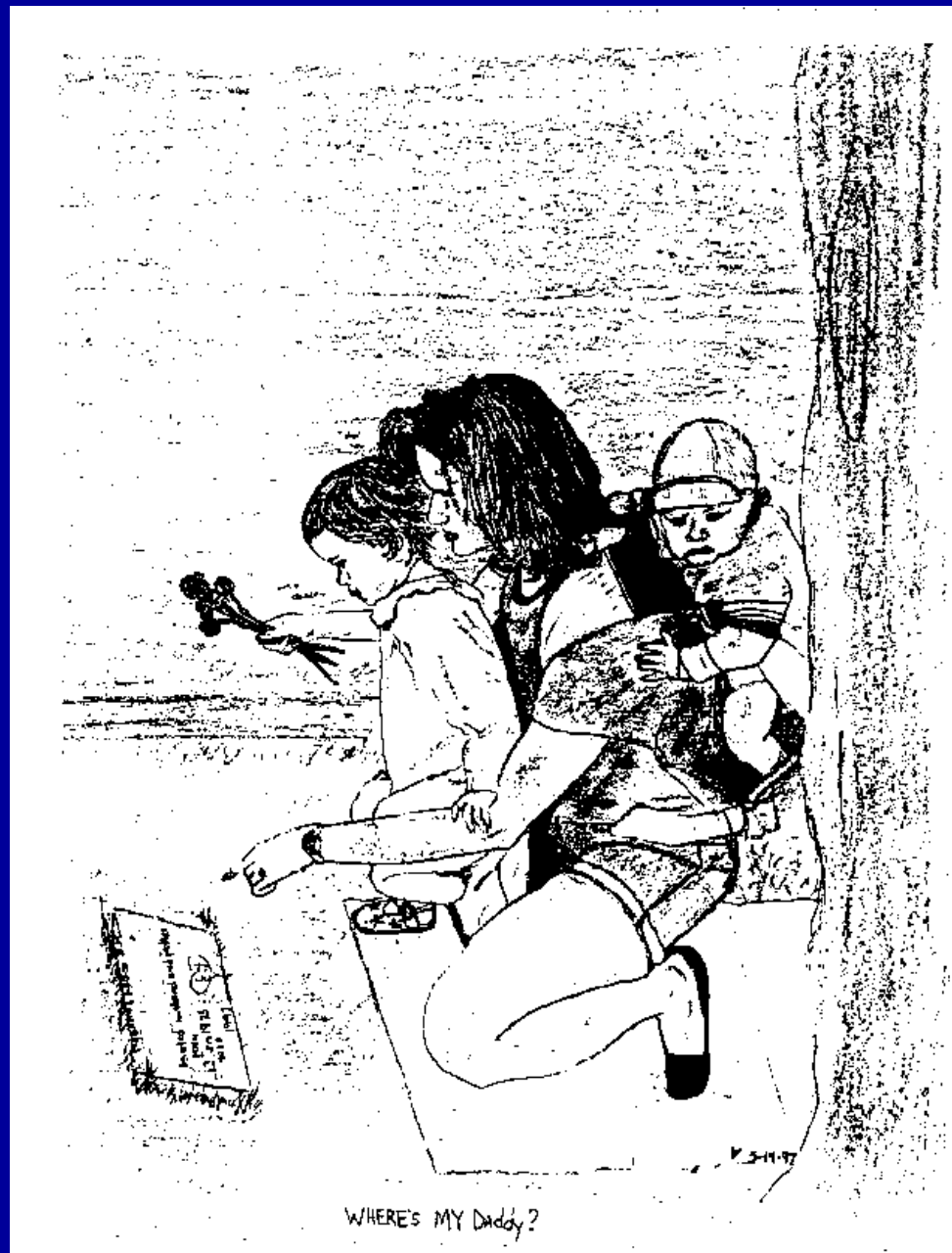


to their



What We Know

Clues may be written





What We Know

Clues may be verbal



VERBAL WARNINGS



- “I’m going to kill myself!”
- “I’d be better off dead!”
- “I just can’t go on any longer!”
- “You won’t be seeing me around anymore!”
- I’m getting out no matter what!”
- “I’m going home real soon!”



What We Know

Clues may be behavioral



BEHAVIORAL WARNINGS



- Organizing business and personal matters.
- Giving away possessions.
- Composing a suicide note.
- Buying a gun.
- Planning one's own funeral.
- Obsession with death.
- Sudden lift in spirits.



What We Know

You must involve both your leadership and community helping agencies when you observe suicide clues



DO's and DON'Ts



- **Do take threats seriously.**
- **Do answer cries for help.**
- **Do confront the problem.**
- **Do tell the individual you care.**
- **Do get professional help.**

24-Hour Phone

Ask for the On Call
Chaplain, Emergency Social Work Service,
Emergency Room

DSN 486-8106, 7184, 7157

Civ 06371-86-last four from above



DO's and DON'Ts



- **Do not leave anyone alone if you believe the risk of suicide is imminent.**
- **Do not assume the individual isn't the "suicidal type".**
- **Do not act shocked at what the individual tells you.**
- **Do not debate the morality of self-destruction or talk about how it may hurt others. This will aggravate an already-present guilt.**
- **Do not keep the situation a secret. Tell someone what you suspect.**
- **Do not isolate the individual.**



Open Doors Military / Community



Commander -
First Sergeant -
Military First-line Supervisor -
Civilian First-line Supervisor -

- Army Community Services,
ACS / AER,
DSN 489-6476 Civ 0631-536-6576
- American Red Cross,
Kapaun DSN 489-6145 Civ 0631-536-
7030 Kleber 483-8722 Civ 0631-411-
8722
After Hours,
431-2334 / 0703-115334
Family / Individual Counseling, free,
0170-369-3292 or 01762514-7857

Landstuhl Army Medical Center,
DSN 486-8106, 7184

Civ 0637186-8106, 7184

- Military Police Desk, 489-6060 , 489-
7070
- Military Police Emergency Response,
Volgelweh DSH 114 Civ 0631536411
Landstuhl 114 0637186114

USAG-K Chaplain Office,
DSN 489-6743, Civ 0631536-6743



“Human understanding is the most effective tool against suicide. The greatest need is to deepen the awareness and sensitivity of people to their fellow man.”

Edwin Schneidman, Ph.D.
President, American Association of Suicidology



REMEMBER:



- You can make a difference if you get involved!
- A human life can be saved through a human relationship!
- Be a friend!

SUICIDE IS PREVENTABLE!